

## Daisy Chain Home Support Limited

# Daisy Chain Home Support

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Daisy Chain Home Support is a domiciliary care service that provides personal care to older people in their own homes within the Manningtree area. At the time of our inspection the service was supporting 23 people with personal care.

### People's experience of using this service:

People received care that was person centred, caring and responsive to their diverse needs. Staff ensured that people received care in a manner that they wanted. Staff demonstrated their commitment to ensuring people received appropriate standards of care and support. People and their relatives described warm and strong relationships they had built with staff and how they had exceeded their expectations.

People felt safe receiving care from the staff. Staff were deployed in suitable numbers, and they had time to spend with people and were not rushed. People received their medication by trained and competent staff. Staff were recruited safely, and incident and accidents were analysed for patterns and trends. Risks to people were assessed safely.

Staff had the correct skills to support people. They received regular training, support and supervision with their line manager. Staff also received an annual appraisal. People were supported to eat and drink in accordance with their needs. Decisions and consent to care and treatment was sought in line with the Mental Capacity Act 2005.

Everyone said staff were exceptionally kind and caring. Staff were able to describe how they ensured people's dignity was respected. People and their relatives said they were involved in their care plans.

The service was managed very well, the ethos and culture of the service was well implemented with the staff team that provided the care. Staff all spoke fondly about the registered manager and spoke about their roles with enthusiasm and pride. Audits were in place which were effective in highlighting any areas for improvement. Action plans were drawn up and shared with the staff team.

The registered manager engaged with people who used the service to ensure any areas where improvements were needed were being actioned. The registered manager was aware of their role with CQC

and had notified us of all incidents as required.

Rating at last inspection:

Good (Report published 24 August 2016)

Why we inspected:

This was a planned comprehensive inspection based on the rating from the previous Inspection in line with our methodology.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below

Outstanding ☆

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was well led

Details are in our Well Led findings below

Good ●

# Daisy Chain Home Support

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was conducted by one inspector.

Service and service type:

Daisy Chain Home Support is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service predominantly to older adults in Manningtree and the surrounding areas. At the time of our inspection the service was supporting 23 people and employed 16 members of staff.

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone was available at the office. Inspection site activity took place on 11 March 2019 and telephone calls to people using the service, staff and relatives were made on additional days. We visited the office site location to see the registered manager and office staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection

This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people and two relatives of people who use the service to ask about their experience of the care provided. We spoke to five members of staff including the registered manager who is also the provider, and administrator and care staff.

We reviewed a range of records. These included four people's care and medication records. We also looked at five staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am always very safe with all my carers. I have no issues whatsoever." A relative told us, "They are a great team and keep [relative] safe. They are a great support for my [relative] and care for them very well.
- Staff were trained in how to recognise signs of abuse and were clear on how to report concerns. The registered manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns. They managed and investigated any concerns, this provided consistency in investigating and ensuring lessons were learned.

Assessing risk, safety monitoring and management

- Risk assessments were completed before people received care these were reviewed regularly. We saw that one person had a condition specific risk assessment that listed all the possible hazards associated with the condition. This meant that there was information readily available to staff to enable them to quickly identify changes in condition and increased risk.
- Staff told us changes to risk assessments were communicated well and documents in people's homes were amended promptly.
- There was a twenty-four hour on call system in place to cover any emergency situations and ensured staff were well supported outside of office hours.
- Information risk sheets were available for all staff to refer to in people's homes regarding the safe use of using and manoeuvring wheelchairs and using hot water bottles for people as examples.

Staffing and recruitment

- There were enough available staff to meet people's needs. A contingency plan meant in the unlikely event of high levels of staff absence or the registered manager the service would still operate safely.
- Safe recruitment processes were in place they ensured only suitable staff were recruited by the service.
- Disclosure and Barring Service (DBS) checks were completed prior to staff working with people. We

discussed with the registered manager the repeating of these every three to four years as best practice as some people had some which dated back five years plus. Following the inspection we were advised this had been done and all staff who had a DBS check dated later than three years ago had been renewed.

### Using medicines safely

- Medicines were managed safely. Staff knew what to do and who to contact if things went wrong One staff member told us, "We all have medicines training and the medicines sheets are monitored closely. We can always contact the office if there is a query. In fact we are encouraged to."
- Staff kept records of when medicines were received and when administered or refused. This helped them to monitor the effectiveness of prescribed medicines. Medicine charts were checked regularly by the registered manager and office staff.
- People who required help to take medicines received support from staff who had received specific training.

### Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices.
- Staff had access to personal protective equipment. One staff member said, "There is always plenty of equipment available we can just call in and collect anything we need like disposable gloves and aprons. We just let [registered manager] know."

### Learning lessons when things go wrong

- Learning from mistakes was embedded in practice. When things had gone wrong appropriate action was taken and processes put in place to prevent a repeat. For example, we saw that when some recordings on medication records had not been recorded properly it was raised as a concern and the registered manager had identified that further guidance was needed for staff.
- The registered manager used management meetings to discuss issues of concern and ensured any changes as a result of learning from incidents was shared with the staff team.



## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed and detailed in their care plans. These included lifestyle choices, religion, relationships, culture and diet. People's goals and aspirations had been considered and staff were supporting people to achieve them and maintain their independence.
- People received care and support in accordance with their assessed needs because staff understood the importance of care plans and made sure they were kept up to date.

Staff support: induction, training, skills and experience

- Staff received an induction and regular training that ensured they had the skills they needed to do their job. The registered manager encouraged and supported learning, extra training was widely available.
- Staff received regular spot checks, supervisions and appraisals, they told us they felt well supported in their role. One staff member described the support as making them feel, 'very capable and confident.'
- Staff felt well supported by the registered manager. Staff said the registered manager was very approachable and they were always able to contact someone if they required advice or support.

Supporting people to eat and drink enough to maintain a balanced diet:

- Care records documented when people required support with preparing food and drinks.
- People and family members told us, and records confirmed, that staff supported people to prepare food and would ensure that drinks were left within reach between calls. Comments included "They [staff] are first class. They always cook me fresh food, nothing is frozen." One relative told us that staff always help plan meals and cook fresh vegetables which ensures [relative] has a good diet."
- People were protected from risks associated with poor nutrition and swallowing difficulties.
- Staff worked with other health professionals to make sure people received food and drink according to their needs. For example staff were vigilant about monitoring people's intake and made appropriate referrals to people such as dieticians or the GP should they be required if the felt people were at risk of

malnutrition or were not eating properly.

Supporting people to live healthier lives, access healthcare services and support.

- Care plans showed staff monitored people's health and supported them to attend medical appointments if required. One person said, "They are very good they {staff} help me with appointment attendance sometimes."
- One person who had a specific memory condition was taken to a singing group to help with their memory recall {booked brain session clinics} This helped them express themselves in a way that had notably improved their confidence.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked with other professionals to make sure people received effective care and support. Feedback from one healthcare professional via a letter to the service stated, "In my experience we have never had any cause for concern regarding their work which I would rate very highly. On many occasions they have communicated the needs of their clients reliably and have also followed up any issues that may have arisen relating to GP or nurse visits we are happy with the service given to our patients."
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence. Care records showed that staff communicated with other health care professionals when needed.
- The registered manager told us they had good relationships with health professionals and they worked in partnership to assess people's needs and arrange independent personalised care packages of that promoted people's well-being and independence.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Related assessments and decisions had been properly taken.
- The majority of people were able to make decisions for themselves and staff respected people's choices.
- Staff worked in a way that respected people's individuality and were non-judgemental when people made choices which other people might consider unwise. One person said, "I make my own decisions and I can discuss my worries with my care worker and they can usually help me find sensible solutions."
- Staff helped people to make choices by a variety of methods. Care plans clearly set out how staff should support people to make choices. This included using pictures, ensuring people's hearing aids were in and observing facial expressions and body language.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests.



## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager worked with other professionals to make sure people received effective care and support. Feedback from one healthcare professional via a letter to the service stated, "In my experience we have never had any cause for concern regarding their work which I would rate very highly. On many occasions they have communicated the needs of their clients reliably and have also followed up any issues that may have arisen relating to GP or nurse visits we are happy with the service given to our patients"
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence. Care records showed that staff communicated with other health care professionals when needed.
- The registered manager told us they had good relationships with health professionals and they worked in partnership to assess people's needs and arrange independent personalised care packages of that promoted people's well-being and independence.
- Staff had real consideration and empathy for the people they cared for and went 'the extra mile'. For example one carer attended a family wedding with a service user for the day so they could give them one to one care throughout the day and they did not have to rely on their family to push them in their wheelchair. Another person who had lost a friend was notably down one day and very upset so the carer took them some flowers to cheer them up and spent extra time with them.
- There were creative ways of reflecting people's personal histories. Staff took photographs with people's consent of activities they shared with people. For example one person was known by the carer to like a famous movie actress so bought them a signed photo for their birthday. For another client the same carer took a banjo round and plays and sings when they visit them as they like songs and music played by the banjo.
- Time was taken to make sure that staff were matched with people's interests and personalities. One relative told us that they lived a distance away and when they visited their relative, they were always very impressed as the carers were so attentive and their relative was always so happy.
- In the last year the service had received numerous compliments from various sources which

demonstrated the service was meeting its aim of providing an exceptional quality of care and companionship for people.

- Although staff primarily provided care in people's own homes, they understood the impact of isolation on people's wellbeing. Staff encouraged people and relatives to meet up to develop or maintain relationships. People were supported to attend regular social events organised by the registered manager and the service also raised awareness and money for a dementia charity. People said they were looking forward to an afternoon tea organised for April 2019 and had attended previous events and greatly benefitted from attending. Relatives said people's wellbeing was enhanced from getting out and meeting others. One person said, "I do like getting out, they come and pick me up, they are wonderful." Everybody had the opportunity to attend events. So that some people did not miss out due to ill health or through choice, staff also delivered birthday cards and cakes and goodies to people's homes. Birthday cakes were handmade and one person who was diabetic and loved ships had a special diabetic nautical cake made for them by one of the care workers.
- Additionally at Christmas the registered manager and office administrator visited every single service user and delivered Christmas gifts for them. People had the opportunity to have visits from therapy pets such as dogs which had enhanced one person's life as they had lost their own dog and the registered manager bred tortoises and had also visited people with them as an activity and people had enjoyed this.
- Innovative ideas were implemented such as a reminiscence case that contained objects of reference to bring back memories of past times. The case which was checked in and out of the site office would be used by carers when they were providing sit in time with people and to prompt discussion and meaningful conversation. Records were then kept of how beneficial this had been to the person.

Supporting people to express their views and be involved in making decisions about their care

- People, and where appropriate their representatives, were involved in decisions made about their care. The management team from Daisy Chain had visited people prior to them receiving care visits, to discuss their care needs and to develop a care plan. Where necessary, they sought external professional help to support decision-making for people.
- Care plans were regularly and formally reviewed, agreed and signed, by the service user and/or their relative and a representative from the agency.
- Some people needed aids to help them communicate effectively. This was recognised and supported. One relative told us that the registered manager and care and office staff were, "Excellent with communication and recording pertinent events and information."
- Regular monthly newsletters were sent out by the registered manager to all service users to keep them updated on the agency news with staff and ongoing events

Respecting and promoting people's privacy, dignity and independence

- Staff were caring and protected people's privacy at all times. People told us care staff were respectful. Comments included, "I have the same carer and they are wonderful and perfect." They give me time as I am very slow and cannot wash my back and neck. I have never had a missed visit and they are always on time."
- One staff member told us, "I only treat people the way I would like to be treated. Sometimes you can be the only face they see. We are a lovely small company and the company cares for you too as well as the service users. That's what I like."
- Training was provided and policies guided staff to recognise and support people's diverse needs.
- People's confidentiality was respected. Records were kept securely at all times.

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Personalised Care; accessible information, choices; preferences and relationships

- A pre-service process meant people could be confident their needs could be met before support started. It gave insight into people's personal history, their individual preferences, interests and aspirations. From the information gathered a tailored plan of care was developed and the best match of staff was sourced.
- Comprehensive care and support plans were in place and written with people at the centre. They covered every aspect of care and support including, choice and desired outcomes, religion, culture, eating, drinking, communication, finances and health. Care plans were regularly reviewed and changed where needed with the involvement of people using the service. Staff described care plans as easy to read and understand with information recorded accurately with thought dignity and care. For example one person's plan detailed, "When my carer arrives I often need reassurance about anything that may have worried me throughout the day. I require time with making decisions and this can take several minutes."
- The registered manager had created a culture of the service being led by the people who used it. One person told us, "I was fully involved with the completion of my care plan. I find the care workers most regular for time and also very cheerful at whatever time they come."
- People told us they received support from regular staff that knew them well. One person said, "We have regular consistent staff. My care workers are first class and when a new one starts they always come with other staff first."
- Staff visit schedules were well organised to ensure people had visits from staff that knew them well and could meet their needs and preferences. Systems were in place to alert the office team if carers had not arrived for their visit or were running late. This meant that people were assured that their visits were monitored and managed well and prevented the risk of a missed visit.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people were identified as having hearing difficulties.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their

experiences of care;

- A complaints procedure was in place. This was included in the service user information guide and included details for other contacts if people were not happy with the response including the local authority and Care Quality Commission.
- Records showed that complaints had been managed appropriately and action was taken to drive improvement. One person said, "I have no complaints but if I had concerns I would go to [registered manager] who listens always." One relative said, "I have never had to complain about anything, and am completely satisfied with all dealings/communication with Daisy Chain."

End of life care and support

- There was no one using the service at the time of the inspection that was receiving end of life care.
- The registered manager said that the service would work with other health care professionals if someone was at the end of their life.

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and staff put people at the centre of the service. They were passionate about ensuring people's choices, goals, aspirations and feelings were considered and incorporated into care.
- There was an honest and open culture. When things had gone wrong the registered manager had shared information and findings with people and their families and had driven learning and improvement.
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.
- The registered manager had invested in the education of staff. Further learning was encouraged and available and this had resulted in staff feeling empowered and confident to provide a high standard of care.
- The registered manager sought advice and guidance from reputable sources to ensure that the service continues to follow best practice. Improvement plans were in place and were updated regularly to ensure the service continued to learn and develop.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by an administrator who attended the site office and was available by phone.
- Regular record and systems check's took place to monitor the quality of the service.
- Staff received regular supervision, appraisal and spot checks these were used to offer guidance and support as well as monitor quality.
- The service notified the Care Quality Commission of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt well supported and were confident in the management team. One staff member told us, "I do get the opportunity to make suggestions and share ideas, I really do feel listened to."
- Staff were encouraged to share their ideas and suggestions should they so wish.
- Surveys took place for staff and people using the service to gather their views. This information was used to gauge satisfaction and drive improvement. The most recent survey from 2018 showed high levels of satisfaction from people. One relative commented, "My family and myself feel very lucky we have such wonderfully caring people to look after our [relative] who can 'have their moments'. They are friends now as well as carers. Thank you all."
- Regular open coffee mornings took place for people and staff to attend giving people the opportunity to meet and talk with the whole office and staff team.
- People's review meetings included discussing the quality of the service and people's satisfaction. People told us they felt confident when they contacted the office and management team that they would be able to help.

Continuous learning and improving care

- The registered manager recognised members of the care staff for long service with an award. Many of the care staff had been with the service for some time. This was seen as motivational and recognised staff commitment to ongoing provision of consistent good care.
- At Christmas the registered manager treated all staff to a Christmas meal out and recognised exceptional service.
- All aspects of the service were regularly audited by the registered manager. We noted improvements in medication records following an audit finding which was reported to staff.
- People were regularly visited by the management team with the aim to continually improve the service.
- People would recommend Daisy Chain to anyone looking for a domiciliary care provider. One person told us that they had already recommended the Daisy Chain to others.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of learning.

Working in partnership with others

- The registered manager and staff had good working relationships with other professionals' people and their families. They had worked in partnership to provide the best outcomes for people who used the service. These include working closely with the Local Authority, GP surgeries, district nurses, and specialist teams. This ensured that people were referred appropriately and provided the registered manager with links for advice and guidance.